

COVID-19 Waiver

By agreeing to this waiver, I assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending BVHA programs. I understand that the risk of becoming exposed to or infected by COVID-19 at BVHA programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BVHA employees, volunteers, and program participants and their families. I agree to assume all of the foregoing risks and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in BVHA programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless BVHA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of BVHA, its employees and representatives, whether a COVID-19 infection occurs before, during, or after participation in any BVHA program.

By signing my name on behalf of my child(ren) and my family below, I hereby agree to the above statement.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child(ren) Name(s): _____

Date: _____